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Improving Māori Health - A Guide for Primary Health Organisations June 2004. Published by the Ministry of Health

Improving Mäori Health

A Guide for
Primary Health Organisations

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MANATŪ HAUORA

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- PHO Māori Reference Group
- DHB Māori Managers – Te Tumu Whakarae
- PHO Service Agreement Amendment Protocol Reference Group especially Subgroup A.

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1. Purpose

This document provides additional information for Primary Health Organisations (PHOs) in meeting the requirements of the Māori health clauses in the national PHO Agreement Version 16.1 (and amendments).

2. Improving Māori Health

Māori Health Inequalities

There is considerable evidence of health inequalities amongst the diverse communities in New Zealand.¹ As a population group Māori have on average the poorest health status compared with the rest of the population.² The Primary Health Care Strategy, with the establishment of PHOs and a focus on population health, has enabled greater commitment to the health needs of all New Zealanders. But more particularly, those with the greatest health needs will be among the first to have those needs addressed by PHOs reducing financial barriers and improving access.

Reducing health inequalities is a key government priority including those that affect Māori. If Māori are to live longer, have healthier lives, and fulfil their potential to participate in New Zealand, then the factors that cause inequalities in health need to be addressed. The factors that lead to poor health are complex. The challenge is for PHOs to identify and address those factors. Addressing this will mean a gradual re-orientation of the way PHOs plan and deliver their services.

Unintended adverse consequences can arise if initiatives are implemented without reference to the appropriate models of service development. A number of useful frameworks for reducing inequalities for Māori are identified in the national PHO contract (HA V16.1, H.2.2 Māori Health Action Plan).

Principles of the Treaty of Waitangi

The Government is committed to fulfilling the special relationship between iwi and the Crown under the Treaty of Waitangi. The principles of partnership, participation and protection (derived from the Royal Commission on Social Policy) will continue to underpin that relationship. This is important in addressing the body of evidence of significant disparities in health.

Partnership: Working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health services.

Participation: Involving Māori at all levels of the service, in decision-making, planning, development and delivery of services where appropriate.

¹ See, for example, the Ministry of Health reports, *Decades of Disparity* and *Our Health, Our Future*, available from the Ministry of Health website www.moh.govt.nz, along with other reports of the health status of Māori and disadvantaged groups.

² Hon Annette King, Minister of Health: He Korowai Oranga Māori Health Strategy. 2002.

Protection: Working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices.

All parties will recognise these principles during PHO establishment and operation, and through all aspects of the national PHO agreement.

3. Explanation of Terms

Māori stakeholders

Key Māori stakeholders are Māori with relevant expertise and this includes iwi, hapū, whānau and Māori consumers, Māori communities, Māori-led PHOs, Māori providers, and Māori clinicians in your locality.

Consultation with Māori

To ensure that key Māori stakeholders contribute to decision-making PHOs should follow the Ministry of Health guidelines documented in *Kawe Korero: Guidelines for Communicating with Māori*.³

4. Māori Health Gain Indicators

The national PHO contract contains provisions to collate and report on a set of nationally consistent indicators (see for example Schedule A1 of the contract and Part I of the contract for reporting requirements and indicators).

Until these are implemented, the existing reporting provisions of the contract will be reported for Māori within Māori health action plans (MHAP). These reports include:

- the ethnicity of enrolled service users
- service utilisation (Part I.6(e) and Part I.7.5)
- health promotion activities for high needs groups (I.11)
- services to increase access for high-needs groups (I.11).

³ Ministry of Health. 1997. *Kawe Korero: Guidelines for communicating with Māori* available from the Ministry of Health website: www.moh.govt.nz.

5. Māori Health Action Plan

Adequate and meaningful participation by Māori in decisions affecting their health is important for ensuring their needs are addressed. PHOs will develop as per Part H Establishment Service Specifications of the PHO contract (HA V16.1), a MHAP appropriate to the needs of the enrolled population, which can contribute toward reducing health inequalities. In addition local requirements and quality indicators specific to Māori should be included in your MHAP.

Māori Health Action Plan template

The following table is a guide for PHOs and contains information from the national PHO contract clauses, Ministry of Health guidelines (eg, *He Kawe Korero*) and existing primary care MHAPs. PHOs can use this template to guide development of MHAPs and to check that key activities are included in plans submitted to DHBs.

Plans already developed by DHBs (Māori Health Plan, Needs Assessment, DHB Strategic Plan) are relevant and will provide overview information that the PHO can build on.

In addition the PHOs could refer to the Māori Health Audit Tool developed by DHB managers (Te Tumu Whakarae). This tool provides further guidance to PHOs and providers on establishing a whole systems approach to improving organisational capacity and capability to be responsive to the needs of Māori.

Activity	Purpose	Timeline/targets	Evidence required	Resources
Key Māori Stakeholders				
Māori participation	<p>To seek appropriate Māori participation in governance, service planning, and review of service delivery, in a manner designed to improve health outcomes.</p> <p>Ensure Maori are informed so that they are better able to participate</p> <p>Ensure mechanisms are in place for input by Maori</p>	<p>Appropriate Māori participation established within six months of signing the contract, and reviewed yearly thereafter (as specified in the MHAP).</p> <p>Policies and procedures for Māori input to planning and review of service delivery are established and implemented</p> <p>Communications Plan is developed and implemented</p> <p>Consultation Plan is developed and implemented</p> <p>Refer National PHO Contract v16.1 Variation 1 & 2 clause H.9 & I.10</p>	<p>Nominations and appointment policies for Māori to governance positions.</p> <p>Māori appointees will be included in any governance reviews.</p> <p>Policies and procedures for Māori input to planning and review of service delivery</p> <p>Communications plan</p> <p>Consultation with Maori on the MHAP has taken place</p>	Identify resources required, including personnel.
Understanding needs				
Needs analysis of Māori health is in alignment with DHBs regional plan.	To ensure that the local health needs of Māori are known and can be taken into account in planning, delivery and review of services.	<p>Initial analysis completed within 12 months of signing the contract, and updated thereafter as agreed with the DHB.</p> <p>Refer National PHO Contract v16.1 Variation 1 & 2 clause H.9 & I.10</p>	In collaboration with the DHBs your health needs analysis is aligned to the DHBs regional plan and is approved by the DHB.	Identify resources required, including personnel.

Activity	Purpose	Timeline/targets	Evidence required	Resources
Monitoring and reporting on initiatives				
Māori specific service initiatives, quality specifications and local KPIs.	To identify yearly Māori health priorities. To ensure appropriate targets are set for Māori specific health requirements.	Within six months of signing the contract and reviewed at least yearly thereafter. Refer National PHO Contract v16.1 Variation 1 & 2 clause H.9 & I.10	Specific initiatives to improve Māori health gain identified in annual report. Evidence in the PHO Māori Plan of: <ul style="list-style-type: none"> plans to reduce health inequalities for Māori identified Māori health priorities, including how these will be addressed over time Individualised Māori Health Needs Assessment. Identify Key Performance Measures to: <ul style="list-style-type: none"> monitor and evaluate progress to achieve improved Māori health outcomes. ensure issues identified in the evaluation contribute to future planning, design/ re-design processes. 	Identify timelines for implementation Identify resources/ funding required, including SIA and health promotion funds.
Collection and reporting of ethnicity data	To ensure that the number of Māori enrolled with PHOs is known and included in service planning and review.	Immediately, as required by the contract provisions regarding funding and provided thereafter against targets agreed with the DHB.	Healthpac/DHB reports Information on ethnicity and collection of information comply with contractual and regulatory requirements.	N/A
Reporting on Māori specific performance indicators	To ensure that Māori access and use of services is known and reported to the DHB and the Ministry of Health. To track improvements in access to service.	Within 12 months of signing the contract, and provided thereafter against targets agreed with the DHB (see also Schedule A1 of the contract and Part I of the contract for reporting requirements and indicators).	Healthpac/Ministry of Health/DHB reports.	N/A

Activity	Purpose	Timeline/targets	Evidence required	Resources
Monitoring and reporting on initiatives cont'd				
Reporting on use of services by Māori: <ul style="list-style-type: none"> • access to services by Māori ESUs • utilisation of services by Māori compared with non-Māori • utilisation of services by Māori compared with the needs of Māori identified in needs analysis. 	To ensure that Māori access to services and Māori use of services is known and reported to the DHB and the Ministry of Health. To track improvements in access to service.	Within 12 months of signing the contract, against targets agreed between the sector and the Ministry of Health (see also Schedule A1 of the contract and Part I of the contract for reporting requirements and indicators), or against targets agreed with the DHB (local initiatives). To include plans to address any disparities that are found.	PHO reports to DHB. Future targets agreed with DHB.	Identify timeline for implementation.
Future Service initiatives to improve Māori health gain.	To reduce health disparities and improve access for Māori.	Within 12 months of signing the contract, with activities and targets to be set in future years by negotiation with the DHB. Review of initiatives reported 12-monthly to DHB.	PHO reports to DHB. Activity and future targets agreed with DHB. Plans for service enhancements to reduce any disparities that are found. Report on health gains from initiatives undertaken, including assessment methods.	Identify funding sources and provide a budget for implementation of the initiatives.

Activity	Purpose	Timeline/targets	Evidence required	Resources
Narrative Reports				
Narrative Reporting	To identify barriers and enablers of Māori health gain.	Yearly report to DHB.	<p>Narrative report with evidence to support conclusions. The narrative should include the following where appropriate:</p> <ul style="list-style-type: none"> • Services that are planned to address Māori health needs. • Improving access for Māori to mainstream services. • Ensuring accessible and appropriate services to Māori. • Addressing infrastructure, financial, cultural, geographical, social barriers that impede access by Māori. • Improving provider knowledge of Māori preferences for care, including where appropriate Māori preferences for: <ul style="list-style-type: none"> – consultations – referrals – informed consent – assessment and treatment – patient/whānau consultation – education – patient/whānau orientation to the service – treatment planning – health promotion. 	Identify additional resources required to address barriers that are found.